

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **SPECIAL OPERATIONS OPSEC EDUCATION FUND INC**

(b) Address (number and street) check if different than previously reported
 901 KING STREET
 SUITE 400

2. FEC Identification Number

C C30002042

(c) City, State and ZIP Code
 ALEXANDRIA VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement

New
 or
 Amended

4. Covering Period

M M / D D / Y Y Y Y Y Y
 through
 M M / D D / Y Y Y Y Y Y

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y Y Y
 11 / 04 / 2012

(b) Communication Title

Bump in the Road

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: not for profit corp

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
 Michael Smith

(b) Address (number and street)
 901 King Street
 Suite 400

(c) City, State and ZIP Code
 Alexandria VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,_____.94000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Michael Smith

SIGNATURE Michael Smith

[Electronically Filed] DATE 11/04/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.